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## BIB DATA SHEET

CONFIRMATION NO. 2212

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.						
10/777,022	02/10/2004	607	3739	105090-0235						
<b>APPLICANTS</b> Gregory B. Altshuler, Wilmington, MA; Valery V. Tuchin, Saratov, RUSSIAN FEDERATION; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/446,342 02/10/2003 and claims benefit of 60/449,188 02/21/2003 and claims benefit of 60/446,300 02/10/2003 and is a CIP of 10/680,705 10/07/2003 ABN and is a CIP of 10/702,104 11/04/2003 which is a CIP of 09/996,662 11/29/2001 PAT 6,648,904 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/10/2004										
<table border="1"> <tr> <td>           Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            Verified and /HENRY M JOHNSON            III            Acknowledged <u>Examiner's Signature</u> </td> <td> <input type="checkbox"/> Met after Allowance  <u>Initials</u> </td> <td> <b>STATE OR COUNTRY</b>            MA         </td> <td> <b>SHEETS DRAWINGS</b>            39         </td> <td> <b>TOTAL CLAIMS</b>            46         </td> <td> <b>INDEPENDENT CLAIMS</b>            1         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /HENRY M JOHNSON III Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 39	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 1
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /HENRY M JOHNSON III Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 39	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 1					
<b>ADDRESS</b> NUTTER MCLENNEN & FISH LLP WORLD TRADE CENTER WEST 155 SEAPORT BOULEVARD BOSTON, MA 02210-2604 UNITED STATES										
<b>TITLE</b> Multi-wavelength oral phototherapy applicator										
<b>FILING FEE RECEIVED</b> 1684	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit							